

United States Environmental Protection Agency

20460

This initial notification information is

Please type or print in ink. If you need



	required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9-1981.		which applies.				
	8/06/0		OH #	105	01+5	-000-	001-234
A	Person Required to Notify: Enter the name and address of the person or organization required to notify.		•	MOGUL COR		4	
			Street P.O.	BOX 200			
			city CHAC	GRIN FALLS		State OHIO	Zip Code 44022
В	Site Location: Enter the common name (if known) and actual location of the site. #Doo4/85675		Name of Site THE	MOGUL CORI	DODATION	TUE	
			7	BOX 200		5 PINE	CF .
Δ			City CHAGRIN F	ALLS Count	y GEAUGA	State OHIO	Zip Code 44022
C	Person to Contact:		-			DIANA L.	
	Enter the name, title (if applicable business telephone number of the to contact regarding information submitted on this form.		Name (Last, First and T Phone (216) 24		WILBU	R, ENVIRONME	NTAL REGULATORY AFFAIRS
D	Dates of Waste Handling:						
Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.							
E	Waste Type: Choose the option you prefer to complete Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site. Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 300 regulations (40 CFR Part 261).						
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source of Place an boxes.	f Waste: X in the appropriate	Specific EPA has listed in appropr the list	c Type of Was assigned a the regulation the four-dig of hazardousing the EPA	aste: four-digit numbe ons under Sectio it number in the wastes and cod	er to each hazardous waste in 3001 of RCRA. Enter th boxes provided. A copy of es can be obtained by ne State in which the site
	1. ☑ Organics 2. ☐ Inorganics 3. ☑ Solvents 4. ☐ Pesticides 5. ☐ Heavy metals 6. ☑ Acids 7. ☐ Bases 8. ☐ PCBs 9. ☐ Mixed Municipal Waste 10. ☑ Unknown 11. ☐ Other (Specify)	3.	nstruction ktiles rtilizer per/Printing ather Tanning n/Steel Foundry emical, General ating/Polishing litary/Ammunition ectrical Conductors ansformers lity Companies nitary/Refuse otofinish b/Hospital	0 0	00027	JUN 10 81	
		16. □ Lal 17. □ Un	b/Hospital				

Form Approved OMB No. 2000-0138

EPA Form 8900-1

	Notification of Hazardous waste Sue	Side 1W0						
=	Waste Quantity:	Facility Type	al Facility Waste Amount					
,	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Piles	cubic feet					
	In the "total facility waste amount" space	2. Land Treatment	gallons approximately 100 gallon					
	give the estimated combined quantity	3. ፟፟ Landfill 4. □ Tanks						
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. Impoundment	Total Facility Area					
	In the "total facility area" space, give the	6. ☐ Underground Injection	square feet approximately 100-300					
	estimated area size which the facilities	7. Drums, Above Ground	acres					
	occupy using square feet or acres.	8. Drums, Below Ground						
		9. Other (Specify)						
à	Known, Suspected or Likely Releases to the Environment:							
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. Known Suspected Likely None							
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	ng these items will assist EPA and Stating the items is not required, you are en	te and local governments in locating and assessing incouraged to do so.					
Н	Sketch Map of Site Location: (Option	nal)						
	Sketch a map showing streets, highways, routes or other prominent landmarks-near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.		•					
		•						
		•						
	Description of Site: (Optional)							
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.							
			•					
1	Signature and Title:							
J	The person or authorized representative	Name W. T. SULLIVAN, THE	E MOGUL CORP.					
	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person		Owner, Present ☐ Owner, Past					
		Street P.O. Box 200	_ Transporter					
		city Chagrin Falls State	De OH Zip Code 44022					
		Signature A. Juliua	Date June 8, 1681					
	required to notify. If you are not required to notify check "Other".	- Vy	// 1701					